2008 FOR PROFIT CORPORATION

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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P07000059435** 04-21-2008 90042 008 ***150 00 LEO PAINTING & REPAIRS INC. Principal Place of Business Mailing Address 35780 SW 213 AVE. 35780 SW 213 AVE. MIAM!, FL 33054 MIAMI, FL 33054 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072008 Chg-P CR2E034 (12/06) 4. FEI Number City & State City & State Applied For 6-0251401 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, FANNY Street Address (P.O. Box Number is Not Acceptable) 35780 SW 213 AVE. MIAMI, FL 33054 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 2 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME MATIAS, LEONARDO NAME STREET ADDRESS 35780 SW 213 AVE. STREET ADDRESS MIAMI, FL 33054 CITY-ST-7IP CITY-ST-7IP ☐ Defete ☐ Change TITLE TITLE ■ Addition GARCIA, FANNY NAME NAME STREET ADDRESS 35780 SW 213 AVE. STREET ADDRESS MIAMI, FL 33054 CITY, ST. 7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED